

<b>MULTIPLE INDEPENDENT CLAIM</b> <b>FEE CALCULATION SHEET</b> <b>(FOR USE WITH FORM PTO-875)</b>							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
<b>CLAIMS</b>												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND. <span style="float: right;">111</span>							TOTAL IND. <span style="float: right;">111</span>					
TOTAL DEP. <span style="float: right;">259</span>							TOTAL DEP. <span style="float: right;">259</span>					
TOTAL CLAIMS <span style="float: right;">73</span>							TOTAL CLAIMS <span style="float: right;">73</span>					